

EXAMPLE: COVER LETTER FOR FULLY NEGOTIATED CONTRACT
WITH PUBLIC RATES

JULY 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that
person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT:	Group Name:	Apple Growers of Washington
	Negotiated Contract Number:	AGOW-06
	Contract Effective Date:	June 1, 2006
	Overall rate change:	Increase 10.0%
	Eligible Employees:	500
	Number of Enrolled Employees	175
	Number of Enrollees	235

Enclosed is a "Fully Negotiated" group contract. This contract is being filed for your review to assure compliance with state and federal guidelines.

A rate development summary is included in the proprietary rate filing pursuant to WAC 284-43-950. *(See pages 7-5 through 7-8.)* The new monthly rates for this group are attached with the contract. **A copy of this cover letter is included for the proprietary rate filing.**

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
3. Date Submitted JULY 1, 2006		4. Proposed Effective Date JUNE 1, 2006		[] File ID	[] Analyst
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Approved	Date
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE FULLY NEGOTIATED CONTRACT WITH PUBLIC RATE		Withdrawn	
				Disapproved	
				Acknowledged	
				State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT				
11.	<input type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
12.	<input type="checkbox"/> Individual			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary				
<input checked="" type="checkbox"/> For-Public				
19. NEGOTIATED CONTRACT		<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
Negotiated Contract Number: AGOW-06		Effective Date: 6/1/06		
Group Name: APPLE GROWERS OF WASHINGTON		Group Number: 00000		
Standard Master Contract Number (short form filings only):		Effective Date:		
Forms Included in this Filing: <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Certificate of Coverage <input checked="" type="checkbox"/> Group Application <input checked="" type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
Please note that rate filings and form filings must be submitted together for new plans				

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #: AGOW-06
Effective Date: 6/1/06

EXAMPLE: COPY OF COVER LETTER FOR FULLY NEGOTIATED
CONTRACT FOR PROPRIETARY RATE FILING

JULY 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's
name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Group Name: Apple Growers of Washington
Negotiated Contract Number: AGOW-06
Contract Effective Date: June 1, 2006
Overall rate change: Increase 10.0%
Eligible Employees: 500
Number of Enrolled Employees 175
Number of Enrollees 235

Enclosed is a "Fully Negotiated" group contract. This contract is being filed for your review to assure compliance with state and federal guidelines.

A rate development summary is included with the proprietary rate filing pursuant to WAC 284-43-950. (See pages 7-7 through 7-8.) The new monthly rates for this group are attached with the contract. **A copy of this cover letter is included for the proprietary rate filing.**

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
3. Date Submitted JULY 1, 2006		4. Proposed Effective Date JUNE 1, 2006		[] File ID	[] Analyst
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Approved	Date
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE FULLY NEGOTIATED RATE - PROPRIETARY		Withdrawn	
				Disapproved	
				Acknowledged	
				State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
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<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
		Negotiated Contract #/Effective Date	
<input checked="" type="checkbox"/> Proprietary		PROPRIETARY RATE	PROPRIETARY RATE
<input type="checkbox"/> For-Public		JUNE 1, 2006	JUNE 1, 2005
			AG0W-06, 6/1/06
19. NEGOTIATED CONTRACT			
<input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Union	
		<input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork	
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application			
(Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #: AGOW-06
Effective Date: 6/1/06

**EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED
RATE SUMMARY
GROUPS OTHER THAN SMALL GROUPS FILING SUMMARY
(WAC 284-43-950)**

Carrier Name	WASHINGTON CARRIER
Address	0000 ANY STREET
	ANY TOWN, ANY STATE 00000
Contract Holder/Pool Category and Name (Check One Box)	<input checked="" type="checkbox"/> Single Employer Group: Employer Name: APPLE GROWERS (A SINGLE EMPLOYER GROUP)
	<input type="checkbox"/> Multiemployer other than Association/Trust Groups Group Pool Name:
	<input type="checkbox"/> Association/Trust Groups Association/Trust Group Name:
Contract Form Number	AGOW-06
Rate Form Number (if different from Contract Form Number)	
Product Name	APPLE GROWERS OF WASHINGTON

Rate Renewal Period:	From: 8/1/06	To: 7/31/07
Date Submitted:	7/1/06	
Type of Filing (check one box):	<input type="checkbox"/> New Group Contract	<input checked="" type="checkbox"/> Revision of Existing Group Contract

Rate Summary

Current Rate (Composite per employee or per member)	\$ 355.02 per member per month
Percentage Rate Change	10.0%
New Rate	\$ 390.52 per member per month
Average Number of Enrollees Each Month During the Experience Period (If the average number of enrollees is equal to or less than fifty, explain why this is not a small group, as defined in RCW 48.43.005.)	235
Anticipated Loss Ratio	85.0%
Portion of carrier's total enrollment affected	0.04%
Portion of carrier's total premium revenue affected	0.06%

**EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED
RATE SUMMARY**

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Summary of Contract Experience

	Experience Period	First Prior Period	Second Prior Period
	From 1/1/05 To 12/31/05	From 1/1/04 To 12/31/04	From 1/1/03 To 12/31/03
Member Months	2820	2218	1928
Billed Premium	\$1,001,154	\$748,761	\$526,790
Incurred Claims	\$1,310,097	\$619,106	\$271,611
Expenses	\$133,954	\$97,489	\$69,484
Gain/Loss	-\$442,897	\$32,166	\$185,696
Experience Refund/Credit or Recoupment	\$-0-	\$-0-	\$-0-
Earned Premium (Billed Premium - /.+ Refund/Credit or Recoupment)	\$1,001,154	\$748,761	\$526,790
Loss Ratio Percentage	131%	83%	52%

Comments or additional information.	
Preparer's Information	
Name:	JOE SMITH
Title:	UNDERWRITING MANAGER
Telephone Number:	(000) 000-0000